

Exchange Stakeholder Involvement Council

Meeting Notes

January 15, 2011

I. Meeting Opening

- The regular meeting of the Exchange Stakeholder Involvement Council was called to order at 10:00 am, in Room 152 of the Montana State Capitol, in Helena, Montana.
- Montana Commissioner of Securities and Insurance Monica Lindeen gave an overview of the agenda for the meeting.
- Commissioner Lindeen introduced the new staff that has joined the grant team at CSI, including Technology Coordinator, Sibyl Govan; Grant Coordinator, Susan Paulson-Davis; and IT Manager, Dave Van Nice.

II. Updates on the Exchange bill and other relevant legislation by Commissioner Lindeen

- Commissioner Lindeen- *I just wanted to briefly give an update on legislative interests. Obviously our greatest priority is HB124 carried by Rep. Chuck Hunter which is assigned to the House Business and Labor committee and hasn't been scheduled yet.*
 - *We also have HB105, our rate review bill carried by Robyn Driscoll which is also assigned to House Business and Labor and is scheduled for Tuesday morning at 8 am.*
 - *The standing committees for Business and Labor and Human Services held a really good informational session where someone from the National Council on State Legislatures (NCSL) came in and a great deal of time was spent educating the members of the legislature about the ACA and the Exchange, legal challenges happening nationally, and what other states are and aren't doing. Then I had the opportunity to talk about what my agency was doing with HCR and with this group. I thought it was great to have the informational session for them before hearings start.*
- Stakeholder- *For those who haven't seen it the information, it is also available on the legislative website.*
- Commissioner Lindeen- *Yes. There are four presentations on the websites which many folks have found very helpful.*

III. Presentation on IT planning currently being done

- CSI Staff- *I want to give an update on the grant project first.*
 - *Last month the grant team had the opportunity to go to training in DC with breakout sessions, meet with officers, and meet with Office of Consumer Information and Insurance Oversight (OCIIO). The regulatory team is involved with revising rules and we heard those rules are to come out in the spring. We will have the final rule on essential benefits sometime in the fall. Also this month we created an inter-agency work group and met for the first time. Determining integration with eligibility screening of Medicaid, CHIP, etc. will require all the*

agencies working together. A planning document will be generated making recommendations for the process; we will develop an additional subgroup for further planning related to IT.

- *We also created a glossary of terms. There was a recommendation in our last meeting that a glossary of terms would be helpful so that we would all be on the same page with language. The document is currently under review in our legal department and we will send it out to you and post it on the website.*
 - *Our first quarterly grant report is due next month; both financial and activity planning is due. The biggest news we heard this week is that OCIO is being folded into the Medicaid agency. It became part of the Center for Medicare and Medicaid Services (CMS) to be managed more easily and build upon an existing foundation. The date of the transition is to begin perhaps sometime in February.*
- *Stakeholder- I'd like to ask a little about the eligibility component. I'm very curious on how it is going to work. Is this an opportunity for DPHHS to re-examine how they are doing things or will the Exchange do things how DPHHS does?*
- *CSI Staff- DPHHS is also receiving changes on its rules and things they have to do, so we have to talk with them so we can coordinate that. The most important thing is for the exchange to have a seamless entry for consumers. We all have a common goal and our IT people are working very hard on this already.*
- *Stakeholder- Great. I'd love to hear more about those issues as they move along. Those are big issues and I'm glad you're working so hard on them.*
- *CSI Staff- I will try to hit the main points on the slides. First of all I'm going to talk about what is an exchange, I know you all have already talked about what it is from a policy perspective but I'm going to talk about it from an IT perspective - an easy, one-stop, online market place, scaled to high traffic loads. The Call Center must have the same kind of quality in performance. We want to present that world class, amazon.com type of web purchasing experience. There needs to be a set of business processes for exchanges, benefit plans, calculator for subsidies, shopping cart for purchases, processes to submit, qualify and rate benefit plans - a lot of coordinating that the state must do. All states are going to be building and using prototypes; we cannot necessarily borrow from another state because of differences between states.*
 - *Another piece is the technical architecture, which is the operating systems, and how the exchange interfaces to other systems. If we're a quasi-governmental agency, there are different levels of how much we will have to build on our own or use of other agencies.*
 - *The exchange is going to be an organization with processes, payroll, accounting, email, telephone, and human resources.*
 - *A potential timeline for the IT piece could go several different ways depending on the approach we choose. October 2013 is the unofficial target date for when a person could look at benefit plans and make a purchase. Are we going to buy, beg, borrow, or steal from other states? We are going to try to achieve that world-class experience for the exchange in the state of Montana. We need to get*

the RFP awarded by the fall so that we can begin to build the exchange. We would get an actual exchange prototype in the spring of next year that we could play with, get feed back on, and try out. As our target groups tell us, we will learn what we need to try to get some sort of a final exchange delivered to us from our vendors in early 2013 so we can do all our additional testing before it goes up. We will need federal guidance from OCIO; CMS is releasing standards for integration; also the latest and greatest IT that is out there; data we need to generate for recording; and HIPAA standards for security. We will need to interact together in the easiest and least expensive way. Open architectures make it easier to borrow from each other. We will see the essential benefits in the fall and IT standards in the spring.

- Questions?
- Stakeholder- *In Billings, I work for a foundation and we provided funding for a small school in Lola for the library to stay open after hours in the evening. Are you going to do things like that for the communities in Montana for people who don't have internet access?*
- CSI Staff- *We will use research that has already been done by the state.*
- CSI Staff- *I asked Dave to come up with some of those items.*
- CSI Staff- *I think the figure in my head is 78% of Montanans have access to the internet.*
- CSI Staff- *We can provide that study to you.*
- CSI Staff- *Beyond that there are a number of people that have a droid, or other means of access. We need state guidance, legislative and policy decisions you all have been working through such as the interagency working group to map out the business processes of the eligibility programs. There are a lot of different ways to integrate programs but we need to get that guidance from the policy advisors. We are hoping for guidance on leveraging systems and infrastructure. Also there are state policies and rules as well as budgeting rules. Stakeholder feedback and focus groups do formal assessments and surveys and guidance on prototype. States to watch are Massachusetts who has published IT "lessons learned" two of which are don't try to build it in 6 months and don't wait until all the rules are out. Wisconsin has a prototype. It really helps policy decisions to have something tangible that they can go to. Illinois is in the same position and timeline as us, similar challenges and similar timeline. Utah has the most similar exchange and timeline. Oklahoma has online Medicaid eligibility which it says is saving them a lot of money. Early innovators grants are out, but we are not far enough along in the planning process. Five states will receive grants for developing models of an exchange and from those, we will have borrow-ability and copy-ability, and they will invent things that other states can use early in this year. My to-do list is gather business requirements, do a GAP analysis for what we already have versus what we would have to build, choose architecture and approach, build on older system or new.*

- Stakeholder- *Do you think the eligibility piece will be something we could do?*
- CSI Staff- *I think it will. You have the front end and the back end, the back end would be similar for all states, the front end would differ depending on the state. Our goal would be that one process happens no matter where the consumer comes in. We will work with DPHHS to develop what that process should look like.*
- Stakeholder- *On the early innovators, you said you're not planning to apply. Are other states ready?*
- CSI Staff- *Wisconsin is planning to apply and I know other states that have worked on it for two years or more, but they don't necessarily have it in production.*
- CSI Staff- *The early innovator grant application was due in December.*
- CSI Staff- *Isn't the purpose to see if one of those states could develop a prototype for other states?*
- CSI Staff- *Yes, that's basically what it is.*
- CSI Staff- *So it's really quite a burden to take that on for the whole country.*
- CSI Staff- *The exchange needs to meet that world class requirement but also work well with other state agencies.*
- CSI Staff- *Do you know which states actually applied?*
- CSI Staff- *No, the grants will be awarded February 15th. We won't know until then.*
- CSI Staff- *In December only a couple of applications had come in and they were begging people to apply at the last minute.*
- Commissioner Lindeen- *I will double check at the commissioner's meeting to see if they know.*
- CSI Staff- *They must already have a blueprint ready as a minimum requirement to apply for the grant. Next, get the RFP out and award it to vendors by the end of the year. I was very impressed that when I came on, the commissioner's office already had put out the CEP and we awarded the contract to a group called Public Knowledge, LCC.*
- Rod Bailey of Public Knowledge- *Target date to finish all this is the end of August to meet the date of October that Sibyl mentioned to get the RFP out. Then it is actually putting together the blueprint and putting together the RFP. Project management plan guides the entire project; we just turned in a draft this week and defined this at the kick*

off meeting. We will have bi-weekly status meeting, deliver monthly quality status reports, and meet quality assurance standards.

- *Stakeholder- Are these meetings open to the public? Could this group get notification?*
- *CSI Staff- We will get the schedule out to you, send out an invitation, and post the schedule on the website.*
- *Stakeholder- How do the project plans interact with the inter-agency group? Is there an IT subgroup to make those plans?*
- *Rod Bailey- There was some discussion of an IT subgroup at the first inter-agency meeting this past week.*
- *CSI Staff- At the first meeting we just defined purpose. From a policy perspective the inter-agency group will be meeting once a month. Those will all be determined in the future.*
- *Rod Bailey- Coordination with other agencies will be key, especially with the one-stop shop aspect. We start out with the requirements definition plan. We already know some parts - a visioning session early in the definition process to get the right players together and align their vision of how this should work. We are also doing a lot of research on documentation from the feds and other states. We will also be conducting interviews with other states, etc. We will put together a skeleton set of definitions to start with and then get feed back on them to know how to move forward and further define them.*
 - *Alternatives, do other states with exchanges have something we could use? Should we consider a multi-state exchange? Commercial products that can be useful? We need to narrow down the list. How do we evaluate the alternatives, criteria and rating system? The result is an evaluation of the alternatives and a selection of the best-fit approach.*
 - *The blueprint itself for an exchange will be based on the definitions and alternatives evaluation. We will have to look at the latest technologies, consumer needs, cost estimates, timing, end date, how feasible it is, and the steps to get there. We will have a draft blueprint first before final version.*
 - *The final step is to develop the RFP for the services needed to implement the exchange, requirements the vendor will have to meet, deliverables, scoring criteria. Questions?*
- *Stakeholder- We've focused a lot on the ability of the exchange to accept all the consumers to come in and sort out what option is best for them but does the exchange in its IT needs have a role to help people once they choose a plan? Is there an interaction between the plan and how it adjudicates claims and the exchange? Or is it only getting people sorted to where they should go? What's the technology linkage if any?*
- *CSI Staff- We are going to build an exchange to map out the business processes. I think I'm going to have to defer this question to someone else to answer.*

- CSI Staff- *The exchange is for the sale of private health insurance and any issues they have with claims. Payment would be worked out with the companies, not in the exchange. Internal and external review would come to the commissioner's office. The commissioner's office, according to the bill is going to be the clearing house for review.*
- Stakeholder- *We've talked about the exchange rating plans. Does that occur through benefit designs?*
- Stakeholder- *I don't know if this is speculation or looking to the future, but I'll also look to David Kendall on this issue. There will be further refinement, quality metrics, network adequacy and quality assurance, managed care environment, more metrics developed as those metrics are used and those would be reported in the exchange.*
- Stakeholder- *I think Tanya is correct. We want to try to keep the exchange tightly dealing with low costs and as a facilitator, not too complicated. Look to the exchange board to determine the costs and how quickly an exchange gets paid.*
- CSI Staff- *They are required to report. There's a list of disclosures in federal law.*
- Stakeholder- *How does a consumer make a decision when getting to a subsidy, getting to eligibility process? Focus on how they choose a plan. This is a big organizational task to present to consumers. You want this to be useful, and can't have a bunch of links. The advantage of the exchange is that it will be a trusted brand that is neutral, on consumers' side, to provide information. Once you get into a plan you want to know how the doctors are, if they are good or bad. Part of the architecture could be to provide that information as well. Plans have an effect on quality too, and this could drive quality care. At the provider level, you need to know the cost and quality level. How can you use the exchange to engage consumers to be active in their own health? There would be a call center to help people get in the right direction for their health problems.*
- CSI Staff- *There is a lot of coordination between the grants. In our million dollar rate grant, we are required to provide a data center for assistance to consumers, potential costs, where to go, etc. This data center would be integrated. The Consumer Assistance Program (CAP) grant will help to create an integrated program to provide consumers with strong information on problems, where to go, how processes work. The RFP has a separate section on program integration for people to see how those programs will be integrated along with other groups, hospitals, and consumer groups. Things should be coming from a consumer perspective into the exchange so people can make the best decision without being sent other places.*
- Stakeholder- *Clarification on CAP program, the price?*
- CSI Staff- *It is about consumer assistance, and when someone calls it is handled by Policyholder Services (PHS) of the CSI. I think you are referring to the data center*

portion of the rate grant. Gregg Davis is going to be providing us with some background information.

- *CSI Staff- Another project we will be working on is using \$50,000 to set up an all-payers claims database, so they can get price info on procedures and treatments. We will do a demonstration project at the University of Montana for them to set up a database structure to determine what data would be useful for them and for the consumer. We will see what data sets are out there and reach out to private insurers and self-insurers to see who is willing to share info. A report will go out late this summer on the feasibility.*
- *CSI Staff- I just did some basic research on this. People know the MHA already has a comparison of costs.*
- *Stakeholder- Two sessions ago we had mtinformedpatient.com where we have a lot of information about hospital costs, doctors, nursing homes, etc. We have a lot of information we would be willing to share and work with the group on. We are willing to expand, etc.*
- *Commissioner Lindeen- We will include a link to that as well with the other info we will be sending out.*
- *CSI Staff- Not all hospitals choose to participate, right?*
- *Stakeholder- Correct.*
- *Stakeholder- What kind of info is in CAP?*
- *CSI Staff- They educate people like after hours at the commissioner's office. PHS folks are available to answer questions and help file a complaint and are required to do database reporting to HHS. We're also re-doing consumer guides, and getting more consumer information out to the public.*
- *Stakeholder- A general information site?*
- *Commissioner Lindeen- Not a website. We were only given \$149,000 for this program as opposed to the million for the rate and exchange grants.*
- *CSI Staff- It designated the commissioner's office as the consumer ombudsman to assist all consumers with claims appeals, internal and external, which is a lot of paperwork. Someone needs to help them and also helps us to assist consumers who have a self-funded plan with the paperwork while we previously couldn't help those people.*
- *Stakeholder- As a consumer who represents cancer patients, does that also look at facility versus provider comparisons?*
- *Stakeholder- Unfortunately there is not a lot of physician data.*

- Stakeholder- *We need that.*
- Stakeholder- *I have a bill draft in to create an all-payer database in the exchange. Utah runs one in its exchange - a concept that actually relates to the exchange, but I didn't want to burden it with that as well.*
- Commissioner Lindeen- *Absolutely. We can share information with you.*
- Stakeholder- *What David was saying, where in all this process does the figuring out how this helps people actually fit in? All the proposals are yet to be set. Where do we take all the information and talk to people about how to present it in the most useable way?*
- CSI Staff- *We are looking at architecture and approach. The RFP would have a large design section, experts in how people use info and how it should look. This is one reason why I would like a prototype well ahead of the fall 2013 deadline to get feedback from people.*
- Stakeholder- *How will guidance work?*
- CSI Staff- *I have seen states that do it both ways. A lot of exchanges will try to find the best 3 to 5 plans to present to the consumer. A design decision we can adapt to later.*
- Commissioner Lindeen- *We have to keep in mind what is required by ACA in terms of metal levels.*
- CSI Staff- *That is ease of access and transparency. We cannot have it recommend a plan because then you would get in the area of selling and negotiating. If an employer or individual says "I want to buy a bronze plan" then the website can sort plan options for them and sort those in that category, then use the calculator to check premiums and subsidies and also check the ratings on the plan.*
- CSI Staff- *We will provide tools for people. The exchange would never direct people to one plan or another.*
- Stakeholder- *Would one of those tools be for the person to ask which plans and networks are my doctor in?*
- CSI Staff- *Yes, part of the toolkit is a questionnaire where employers do necessary steps for their employees in-house to help them in their decision-making process.*
- Commissioner Lindeen- *That's undefined still, how this is going to work for insurance agents. They really do play a major role for consumers. We have not forgotten and are trying to work through this with Angela and Kathy for ideas about how those agents can still play a role in the exchange. Nationally, we have created a task force which I am on where we are trying to look at this issue as a whole in terms of health care reform. What*

are suggested options for the industry and agents to consider in determining they still have a role?

- *Commissioner Lindeen- Questions, comments? Thank you for the presentations. We will make sure all presentations are posted on our website as well as the recordings of this meeting. Next meeting is scheduled for March 9th, location TBA, probably not the Capitol. I won't be here; I will be at an all commissioners meeting in California planning strategies for the coming year and meeting new colleagues. I want to remind you there is a brief evaluation form I ask that you fill out. If there are no further questions, I will open it up to public comment? None. Thank you again for being here on Saturday. We will send out notice of when HB124 is scheduled for hearing. We are finished for the day.*